L17000067748

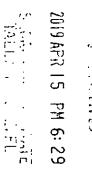
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R. WHITE APR 1 8 2019

COVER LETTER

TO:		stration Sect sion of Corp			
et:D 1122	our.	101 DEVELO	OPMENT GROUP, LLC		
SUBJEC	υI: <u>.</u>		Name of Limi	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			MIKE ASSAAD		
				Name of Person	
				Firm/Company	
			1400 GULFSHORE BLVE	N #106	
			NAPLES FL 34102	Address	
			MIKE@WATERSIDEBUII	City/State and Zip Code	 -
			E-mail address: (t	o be used for future annual report notific	cation)
For furth	ner int	formation cor	ncerning this matter, please ca	ıll:	
MIKE A	ASSA	AD		239 572-4480	
		Name of I	Person		Telephone Number
Enclosed	l is a	check for the	following amount:		
■ \$ 25.9	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

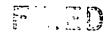
TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



101 DEVELOPMENT GROUP, LLC

2019 APR 15 PM 6: 29

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000067748</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1400 GULFSHORE BLVD N	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NAPLES FL 34102	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:		
	Enter Florida street address	·
	, Flo	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Remove
			Change
			
			Remove
			□ Change
			Add
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ote: If t	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of fil the date inserted in this block does not meet the applicable statute it's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
e record The 90	rd specifies a delayed effective date, but not an effective date, but not an effect of the day after the record is filed.	ctive time, at 12:01 a.m. on the earlier of
ated	April 10th 2019.	
	Signature of a member or authorized repres	

Page 3 of 3

Filing Fee: \$25.00